MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/509932	

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			CLAIMS	IND.	DEP.	IND.	DEP.	IND	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/							51						
2		/						52						
3			/					53						
4			⊙					54						
5			⊙					55						
6			⊙					56						
7			⊙					57						
8			⊙					58						
9								59						
10				/				60						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	/		2					TOTAL IND.						
TOTAL DEP.	2		7					TOTAL DEP.						
TOTAL CLAIMS	8		9					TOTAL CLAIMS						